

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10582457

FILING DATE

6-12-2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				
2	/		/				
3	/		/				
4	/		/				
5	/		/				
6	/		/				
7	/		/				
8	2		/				
9	0		/				
10	2		/				
11	2		/				
12	0	1	/				
13	0	1	/				
14	0	1	/				
15	0	1	/				
16	0	1	/				
17	0	1	/				
18	0	1	/				
19	0	1	/				
20	0	1	/				
21	0	1	/				
22	0	1	/				
23	0	1	/				
24	0	1	/				
25	0	1	/				
26	0	1	/				
27	0	1	/				
28	0	1	/				
29	0	1	/				
30	0	1	/				
31	1	0	/				
32	1	0	/				
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.	2						
TOTAL DEP.	33						
TOTAL CLAIMS	35						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51			/				
52			/				
53			/				
54			/				
55			/				
56			/				
57			/				
58			/				
59			/				
60			/				
61			/				
62			/				
63			/				
64			/				
65			/				
66			/				
67			/				
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69			/				
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81			/				
82			/				
83			/				
84			/				
85			/				
86			/				
87			/				
88			/				
89			/				
90			/				
91			/				
92			/				
93			/				
94			/				
95			/				
96			/				
97			/				
98			/				
99			/				
100			/				
TOTAL IND.							
TOTAL DEP.	3						
TOTAL CLAIMS	32						